

COMMON APPLICATION FORM FOR LUMP SUM/SYSTEMATIC INVESTMENTS

Application No. _____

Investor must read Key Scheme Features and Instructions before completing this form.
All sections to be completed in ENGLISH in BLACK/ BLUE COLOURED INK and in BLOCK LETTERS.

BROKER CODE (ARN CODE)/ ARN-93373	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Ident E-025888 (UIN)
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#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). – I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE OF SOLE /FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII]

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	FOLIO No.						
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2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b) & IV) Mandatory information – If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST							
PAN/ PEKRN*					Enclosed (Please <input checked="" type="checkbox"/>)* <input type="checkbox"/> KYC Acknowledgement Letter	Date of Birth**					
						D	D	M	M	Y	Y
Name of **	Mr. Ms.										
GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)											
PAN/ PEKRN*					Relationship with Minor applicant	<input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian			Enclosed (Please <input checked="" type="checkbox"/>)* <input type="checkbox"/> KYC Acknowledgement Letter		
2nd Applicant Name (Should match with PAN Card)						PAN/PEKRN* (2nd Applicant)			<input type="checkbox"/> KYC Proof Attached (Mandatory)		
3rd Applicant Name (Should match with PAN Card)						PAN/PEKRN* (3rd Applicant)			<input type="checkbox"/> KYC Proof Attached (Mandatory)		

3 BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. III)

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.)
For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

MANDATORY	Account Number					Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR					
	Name of Bank											
	Branch Name					Branch City						
	9 Digit MICR code					11 Digit IFSC Code						
	Enclosed (Please <input checked="" type="checkbox"/>): <input type="checkbox"/> Bank Account Details Proof Provided.											

4 INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV) For Plans & Sub-options please see key features for scheme specific details

<input type="radio"/> Regular Plan (Purchase/Subscription routed through Distributor)						<input type="radio"/> Direct Plan (Purchase/Subscription made directly with the Fund)									
Scheme Name: ICICI PRUDENTIAL															
Option & Sub option <small>(Please <input checked="" type="checkbox"/> the appropriate boxes only if applicable to the scheme in which you plan to invest)</small>															
OPTION: <input type="radio"/> Growth/Cumulative <input type="radio"/> Dividend				SUB-OPTION: <input type="radio"/> Dividend Reinvestment <input type="radio"/> Dividend Payout OR AEP- <input type="radio"/> Regular® OR <input type="radio"/> Appreciation											
Dividend Frequency:						AEP Frequency:									
<small>©Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)</small>															
SIP Date <input type="radio"/> 1 st <input type="radio"/> 7 th <input type="radio"/> 10 th <input type="radio"/> 15 th <input type="radio"/> 20 th <input type="radio"/> 25 th						SIP Frequency* <input type="radio"/> Monthly <input type="radio"/> Quarterly									
Payment details															
Amount Paid ₹ A				DD Charges (if applicable) ₹ B				Amount Invested ₹ A + B							
Cheque / DD Number		Date		D		D		M		M		Y		Y	
BANK DETAILS: <input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) if it is different from above and fill in the details below]															
Account Number						Account Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR									
Name of Bank															
Branch Name						Branch City									
Mandatory Enclosures <small>(Please tick (✓) if the first instalment is not through cheque)</small>															
<input type="radio"/> Cheque Copy				<input type="radio"/> Bank Statement				<input type="radio"/> Banker's Attestation							

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Please read the instruction no. VI(e). Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

Mode of Holding [Please tick (✓)] Single Joint Anyone or Survivor (Default)

Tax Status [Please tick (✓)]

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> Partnership FIRM	<input type="checkbox"/> Government Body	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Company	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> NON Profit Organization/Charities
<input type="checkbox"/> HUF	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> FII	<input type="checkbox"/> Public limited company	<input type="checkbox"/> Bank/ FI
<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify) _____		

5 DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI)

(Please ✓)

NSDL OR CDSL

Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

Depository Participant (DP) ID (CDSL only)

The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

6 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*
Address Type: Residential Business Residential/Business Registered Office

HOUSE / FLAT NO.

STREET ADDRESS

CITY / TOWN STATE

COUNTRY PIN CODE

Tel. (Off.)

Tel. (Res.)

Fax

Email

Mobile

Please tick (✓) I/We would like to register for PRU TRACKER to transact online as per the terms & conditions for this facility as referred in point I(j) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for Prutracker registration on the same.

Please ✓ if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email

Please ✓ any of the frequencies to receive **Account Statement through e-mail** ^f : Daily Weekly Monthly Quarterly Half Yearly Annually

* Mandatory information – If left blank the application is liable to be rejected.
** Mandatory in case the Sole/First applicant is minor.
[§] For KYC requirements, please refer to the instruction Nos. II b(5) & X
[#] Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)
[¶] Please refer to instruction no. IX

7 FATCA and CRS Details for Individuals (Including Sole Proprietor) (Mandatory) Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

Category	First Applicant/ Guardian	Second Applicant	Third Applicant
Place/City of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Citizenship / Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India? Yes No [Please tick (✓)]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorily fill Annexure I for complete details.

Category	First Applicant/ Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Payer Reference ID No. 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residency 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Payer Reference ID No. 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annexure I and Annexure II are available on the website of AMC viz; www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

8 KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify)			
Second Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify)			
Third Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify)			

Gross Annual Income [Please tick (✓)]

Sole/First Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DD MM YYYY (Not older than 1 year)

Second Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹ _____

Third Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹ _____

Others [Please tick (✓)]

Sole/First Applicant **For Individuals** [Please tick (✓)]: I am Politically Exposed Person (PEP) ^ I am Related to Politically Exposed Person (RPEP) Not applicable
For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)):
(i) Foreign Exchange / Money Changer Services – YES NO; (ii) Gaming / Gambling / Lottery / Casino Services – YES NO; (iii) Money Lending / Pawning – YES NO

Second Applicant Politically Exposed Person (PEP) ^ Related to Politically Exposed Person (RPEP) Not applicable

Third Applicant Politically Exposed Person (PEP) ^ Related to Politically Exposed Person (RPEP) Not applicable

9 NOMINATION DETAILS (Refer instruction VII)

I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

Table with 5 columns: Name and address of Nominee(s), Relationship with the Nominee, Date of Birth, Name and address of Guardian, Signature of Nominee/Guardian, if nominee is a minor, Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%).

10 INVESTOR(S) DECLARATION & SIGNATURE(S)

To the Trustee, ICICI Prudential Mutual Fund, I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS). I/We apply for the units of the Fund and agree to abide by the terms, conditions, rules and regulations of the scheme...

SIGNATURE OF SOLE / FIRST APPLICANT, SIGNATURE OF SECOND APPLICANT, SIGNATURE OF THIRD APPLICANT



IPRUTOUCH - ONE TIME MANDATE (OTM) FORM (For Individual, Sole Proprietor & HUF only)

UMRN, Date, Sponsor Bank Code, Utility Code, ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED, Bank a/c number, with Bank, an amount of Rupees, FREQUENCY, DEBIT TYPE, Folio No., Mobile No., Reference, Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From, To, Or, Signature Primary Account holder, Signature of Account holder, Signature of Account holder

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH. I/We hereby confirm adherence to the terms of OTM facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended from time to time and of NACH (Debits). Authorisation to Bank: This is to confirm that the declaration has been carefully read, understood & made by me/us.

ACKNOWLEDGEMENT



ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information. Name of the Investor: Application No. EXISTING FOLIO NO. Scheme Name, Plan, Option/Sub-option, Payment Details



SIP REGISTRATION CUM MANDATE FORM

Application No. _____

[For investment through NACH/ECS/SI/Auto Debit]

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

BROKER CODE (ARN CODE)/RIA CODE:# ARN-93373	SUB-BROKER/ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identifier (EUIIN) (EUIIN) E-025888
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#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY:

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Please tick (✓) New Registration Cancellation Existing UMRN

The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

Sole/First Applicant's Name

Mr. Ms. M/s	FIRST	MIDDLE	LAST	Folio No.
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Scheme Name: ICICI PRUDENTIAL PLAN: Regular Direct

OPTION: SUB-OPTION: Dividend Frequency: AEP Frequency:

Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund.

FIRST INSTALLMENT THROUGH CHEQUE/DD First Cheque/DD No. Dated

Drawn on Bank Amount Rs.

Bank Branch City

Each SIP Amount: Rs. Rupees in words:

SIP TOP UP (Optional) (Tick to avail this facility) TOP UP Amount: Rs. TOP UP Frequency: Half Yearly Yearly

SIP TOP UP CAP: Amount*: Rs. OR Month-Year#: M M Y Y Y Y Y

* TOP-UP CAP Amount: Please refer to T&C No. B[6-h(i)] # TOP-UP CAP Month-Year: Please refer to T&C No. B[6-h (i) & (ii)]

DEMAT ACCOUNT DETAILS [Optional - Please refer Instruction No. B(8)]

<input type="radio"/> NSDL	Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)
<input type="radio"/> OR	Depository Participant (DP) ID (CDSL only)	
<input type="radio"/> CDSL		

SIP Frequency: Monthly Quarterly (Default SIP frequency is Monthly)

In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.

SIP Date: 1st 7th 10th 15th 20th 25th

SIP Start Month/Year M M Y Y Y Y

SIP End 12 / 2018 12 / 2020 12 / 2025 12 / 2099

Or other please fill in below M M Y Y Y Y

(Investor has to choose only one option - either CAP Amount or CAP Month-Year)

YOUR CONFIRMATION/DECLARATION: I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year as described in the Instruction No. IV(d) of the common application form. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

Signature(s) as per ICICI Prudential Mutual Fund Records (Mandatory)

Sole/First Holder	2nd Holder	3rd Holder
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EASY PAY DEBIT MANDATE INSTRUCTION

UMRN **FOR OFFICE USE ONLY** Date

Tick (✓) Sponsor Bank Code **FOR OFFICE USE ONLY** Utility Code **FOR OFFICE USE ONLY**

CREATE I/We hereby authorize ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

MODIFY Bank a/c number

CANCEL with Bank Name of customers bank IFSC or MICR

an amount of Rupees Maximum Amount (Rupees in words) ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Folio No. Mobile No.

Reference APPLICATION NUMBER Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From To Or Until Cancelled

Signature Primary Account holder Signature of Account holder Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/SI/Auto Debit. I/We hereby confirm adherence to the terms of EASY PAY facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended form time to time and of NACH/ECS/SI/Auto Debit. Authorization to Bank: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I/We have understood that I/we authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit. This is to inform that I/we have registered for NACH/ECS/SI/Auto Debit facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the bank to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.



ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

<input type="checkbox"/> SIP TOP UP Amt. Rs.	Name of the Investor:	Folio No. / Application No.
TOP UP CAP: <input type="radio"/> Amt:Rs. OR <input type="radio"/> Month-Year: M M Y Y Y Y Y	SIP Amount Rs. Scheme Name: Option:	Acknowledgement Stamp
SIP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		



ANNEXURE I

KNOW YOUR CLIENT(KYC), FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUALS (INCLUDING SOLE PROPRIETOR)

(Please seek appropriate advice from your professional tax advisor on your residency and related FATCA and CRS guidance)

A. FATCA & CRS DETAILS (Self Certification)

PAN		FOLIO	
NAME			
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	Occupation	Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> <small>Please specify</small>
Type of Address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential/Business <input type="checkbox"/> Registered Office	Nationality	
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Birth	<input type="text"/>
Country of Birth	<input type="text"/>		
Mobile No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email Address:	<input type="text"/>
<small>(Provide if not given)</small>		<small>(Provide if not given)</small>	
Name of Father/Guardian	<input type="text"/>		
Name of Spouse	<input type="text"/>		
Permissible Documents (If PAN not provided)	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> Government ID Card <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others: <small>Please specify</small>		
Document ID Number	<input type="text"/>		

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India? YES NO

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below:

Sr. No.	Country of Tax Residency#	Tax Identification Number ^	Identification Type (TIN or other, please specify)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

To include all countries other than India, where investor is Citizen/Resident/Green Card Holder/Tax Resident in those respective countries especially of USA.

^ In case tax identification number is not available, kindly provide its functional equivalent*

B. ADDITIONAL KYC INFORMATION

Occupation Details [Please tick (✓)]	<input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please specify) _____			
Gross Annual Income [Please tick (✓)]	<input type="radio"/> Below 1 lac <input type="radio"/> 1 - 5 lac <input type="radio"/> 5 - 10 lac <input type="radio"/> 10 - 25 lac <input type="radio"/> >25 lac - 1 crore <input type="radio"/> > 1 crore			
OR				
Net Worth	Rs. _____ as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not older than 1 year)			
Politically Exposed Person Status*	<input type="radio"/> I am Politically Exposed Person (PEP) ^ <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable			

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g. Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

C. DECLARATION

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform ICICI Prudential Asset Management Co. Ltd. for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEIOI).

PLACE: _____

DATE:

Signature of the Applicant/Guardian